

7836

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 53	
County <u>Cochise</u>			County Registered No. <u>188</u>	
District <u>Douglas</u>			Local Registrar's No. <u>41</u>	
Town <u>Douglas</u>				
Or City <u>Douglas</u>				
No. <u>1000 International Ave.</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Amanda Elizabeth Hughes</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u>	SINGLE <u>Married</u>	DATE OF DEATH <u>April 18</u> 191 <u>4</u>	
	White Indian	MARRIED	(Month) (Day) (Year)	
	Black Chinese	WIDOWED		
	Mexican	OR DIVORCED		
DATE OF BIRTH <u>June 4</u> 191 <u>4</u>			I hereby certify, that I attended deceased from <u>April 16</u> 191 <u>4</u> to <u>April 18</u> 191 <u>4</u> ; that I last saw h <u>er</u> alive on <u>April 17</u> 191 <u>4</u> , and that death occurred on the date stated above at <u>7:30 A.M.</u> The DISEASE or INJURY causing	
AGE <u>70</u> yrs. <u>0</u> mos. <u>0</u> days <u>0</u> hrs., or <u>0</u> min.			Death was as follows: <u>Enteritis</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>			(Duration) <u>2 1/2</u> yrs. <u>0</u> mos. <u>7</u> days	
(b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE (State or country) <u>Texas</u>			If not, where? <u>#</u>	
PARENTS	NAME OF FATHER <u>Johnson</u>		CONTRIBUTORY	
	BIRTHPLACE OF FATHER (State or country) <u>La</u>		(Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days	
	MAIDEN NAME OF MOTHER <u>Callins</u>		(Signed) <u>E. W. Anderson</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>La</u>		<u>4/18</u> 191 <u>4</u> (Address) <u>Douglas</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Informant) <u>Mrs. Modenia Long</u>			LENGTH OF RESIDENCE	
(Address) <u>Wayden St.</u>			At place of death <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.	
PLACE OF BURIAL OR REMOVAL <u>Calvary</u>		DATE OF BURIAL OR REMOVAL <u>4/19/14</u> 19 <u>14</u>	Former or Usual Residence	
UNDERTAKER <u>C. A. Ferguson</u>		ADDRESS <u>626 1/2 St</u>	Filed <u>May 5, 1914</u> <u>F. W. Russell</u> (per E. C.)	
			Filed <u>May 9, 1914</u> <u>C. H. Hunt</u> Local Registrar	
			County Registrar	